## REPORT OF LOBBYING FIRM

(Government Code Section 86114)

	REPORT COVERS	PERIOD FROM 01	/01/20 <sup>-</sup>	10 THROUGH	03/31/2010	
FORM 625	CUMULATIVE PER	IOD BEGINNING		01/01/2009		
1990						FOR OFFICIAL USE ONLY
		TYPE OR PRINT I	N INK			A
For information required to be p			Practices	Act of 1977, see I	nformation_	В
NAME OF LOBBYING FIRM:						
NOTEWARE GOVERNMEN	NT RELATIONS					
BUSINESS ADDRESS: (Numb	er and Street)	(City) SACRAM	IFN -		(Zip Code)	TELEPHONE NUMBER:
MAILING ADDDESS (IV. III		TO		CA	95814	
MAILING ADDRESS: (If differe	nt than above)					
PART I - (Read the instruction	ns on the reverse befo	re completing this sec	tion. The	n, check o <u>ne</u> of th	e boxes below and	complete Part I.)
X PARTNERS, O THIS REPORT		OR EMPLOYEES WH	HOSE "LO	OBBYIST REPOR	TS" (FORM 615) AI	RE ATTACHED TO
PARTNERS, O	WNERS, OFFICERS,	OR EMPLOYEES WH	HO ENGA	AGED IN DIRECT	COMMUNICATION	I ON AT LEAST FIVE
SEPARATE OC	CCASIONS DURING 1	THE PERIOD				
If more space is needed, che	eck box and attach contin	uation sheets.				
		SUMMARY OF P	AYME	NTS THIS PE	RIOD	
GRAND TOTAL PAY     (From Subtotals in Part	MENTS RECEIVED:	<u>\$ 253716.66</u>	E.	CAMPAIGN CO	NTRIBUTIONS MA	DE:
,	,			X None This	Period Part	IV Completed and Attached
B. TOTAL ACTIVITY E) (From Part III, Section A		\$ 0.00				
C. TOTAL PAYMENTS LOBBYING FIRMS: (From Part III, Section B		\$ 0.00	F.	IS THE FIRM A		BBYING COALITION ? (Complete and attach Form 630)
D. GRAND TOTAL PAY (B + C, above)	MENTS MADE:	\$ 0.00		<u> </u>		(complete and adds), i om coo,
		VERI	FICA	TION		
I have used all rea	sonable diligence	in preparing this R	eport.	I have reviewed	d the Report and	to the best of my knowl-
edge the information conta	ained herein and ir	the attached sche	edules i	s true and com	plete.	
I certify under pen	alty of perjury und	er the laws of the	State of	California that	the foregoing is	true and correct.
Executed on (Date)		At (City and State)			By (Signature of F	Responsible Officer)
04/28/2010		Sacramento CA			Frederick Notew	/are
Name of Responsible Officer (	Type or Print)				Title	_

Mr.

Frederick Noteware

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING AC	CTIVITY (Amount	ts ma	y be rounded off to v	vhole	dollars.
	Address and Telephone I esearch and Manufacti						
Sacramento CA	95814						
Legislative or State Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the					
AB 1178 AB 1826	AB 2112 AB 2139 AB	2170 SB 341 SB 1071 SB 1106					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payment (attach explanation)	S		Total This Period		Cumulative Total to Date
\$ 37500.00	\$ 0.00	\$ 0.00 n/a		\$	37500.00	\$	188513.40
Employer's Name, Silicon Valley Lea	Address and Telephone I dership Group	Number					
San Jose CA 95	-						
Period. (See instruction AB 118 AB 510 Al	ctions on reverse.)	tions "Actively" Lobbied During the					
AB 110 AB 310 AI	J 1170 GD 300						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payment (attach explanation)	5		Total This Period		Cumulative Total to Date
\$ 18800.00	\$ 0.00	\$ 0.00 n/a		\$	18800.00	\$	69200.00
Employer's Name, Stanford Hospital	Address and Telephone I and Clinics	Number					
Stanford CA 943	305						
Period. (See instruc	ctions on reverse.) re: Hospitals' seismic s elopment re: Hospitals'	tions "Actively" Lobbied During the safety compliance Office of Statewide seismic safety compliance Departm	e Health ent of -				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payment (attach explanation)	6		Total This Period		Cumulative Total to Date
\$ 18000.00	\$ 0.00	\$ 0.00 n/a		\$	18000.00	\$	102000.00
If more space is n	eeded, check box and attach	continuation sheets	SUBTOTAL	\$	253716.66		

PERIOD COVERED:	01/01/2010	03/31/2010	

PART III -	PAYMENTS MADE IN CONNEC	TION WITH LOI	BBYING ACTIV	/ITIES			
SECTION	A: ACTIVITY EXPENSES (See instruct	ions on reverse.)					
	ITY EXPENSES ARRANGED, INCUR RED BY A LOBBYIST)	RED, OR PAID B	Y THE LOBBYIN	IG FIRM (OTHE	ER THAN THOSE PA	AID OR	
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each  Description of Consideration			Total Am of Activ		
				\$		\$	
	Reference No:						
☐ If more	space is needed, check box and attach con	tinuation sheets	(Include all su		OTAL SECTION A.1. ontinuation Sheets)	\$	0.00
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$	0.00	
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)				\$	0.00		

PERIOD COVERED:	01/01/2010	03/31/2010	_
NAME OF LOBBYING	FIRM: <u>NOTEWARE</u>	GOVERNMENT RELATIONS	

PART III - PAYMENTS MADE (Continued)						
SECTION B: PAYMENTS MADE TO OTHER LO	DBBYING FIRMS					
Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date			
		\$	\$			
If more space is needed, check box and attach continuation sheets.	TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0.0	0			
PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)  A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any,						
below.  Name of Major Donor or Recipient Committee Will  Campaign Disclosure Statement:		Identification Number if Recipient Committee:				
Contributions of \$100 or more which have n organization's sponsored committee, must be	ot been reported on a campaign disclosure states e itemized below.	ment, including contribu	tions made by an			
Date Name of	Name of Recipient		Amount			
		\$				
If more space is needed, check box and attach continual						
NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.						

	ART II - PAYMI e Instructions on		CONNECTION WITH LOBBYING ACTIVITY (Amoun	nts ma	y be rounded off to v	vhole dollars.
		,	lumbar			
		Address and Telephone N Greater Los Angeles C				
ALS	A550CIALIOTIC	Siealei Los Aligeles C	партег			
Ago	ura Hills CA 9	91301				
I ec	islative or State	Agency Administrative Ac	tions "Actively" Lobbied During the			
Per	iod. (See instruc	tions on reverse.)	dget Governor s Office re: Budget			
AB.	2170 Dept of F	lealth Services RE: Bu	dget Governor s Office re: Budget			
		Daimhumannanta af	Advances on Other Downsonts		Tatal Thia	Communications
	Fees and Retainers	Reimbursements of	Advances or Other Payments		Total This Period	Cumulative Total to Date
		Expenses	(attach explanation)			
\$	6000.00	\$ 0.00	\$ 0.00	\$	6000.00	\$ 70000.00
			n/a			
En	nployer's Name,	Address and Telephone I	Number			
Bay	er Healthcare I	LLC				
Tari	ytown NY 10	501				
''	ytown it io	001				
Leg	islative or State	Agency Administrative Ac	tions "Actively" Lobbied During the			
Per	iod. (See instruc	tions on reverse.)	Care Services re: Budget Governor's Office			
re: I	Budget	bb 1444 Dept of Fleatti	Care Services re. Budget Governor's Office			
	· ·					
	Fees and	Reimbursements of	Advances or Other Payments		Total This	Cumulative
	Retainers	Expenses	(attach explanation)		Period	Total to Date
\$	45000.00	\$ 0.00	\$ 0.00	\$	45000.00	\$ 82500.00
			ln/a			
En	nployer's Name,	Address and Telephone I	Number			
Cali	fornia Dental A	ssociation				
Sac	ramento CA 9	95814				
	iclative or State	Agonov Administrative As	tions "Actively" Lobbied During the			
Per	iod. (See instruc	tions on reverse.)	dons Actively Lobbled During the			
Atta	chment Refere	ence: 6633				
		Doimhumana	Advances on Other Dever		Total This	Commendation
	Fees and	Reimbursements of	Advances or Other Payments		Total This	Cumulative
	Retainers	Expenses	(attach explanation)		Period	Total to Date
\$	32500.00	\$ 0.00	\$ 0.00	\$	32500.00	\$ 163737.74
			n/a			
		-	PAGE SUBTOTAL	\$	83500.00	
				· ·	00000.00	

PART II - PAYM See Instructions of		CONNECTION WITH LOBBYING ACTIVITY (Amoun	nts may	be rounded off to v	vhole dollars.
Employer's Name, Capital One Finar	Address and Telephone Nacial Corporation	Number			
McLean VA 2210	02				
Legislative or State Period. (See instrud None		tions "Actively" Lobbied During the			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00 n/a	\$	0.00	\$ 35000.00
Employer's Name, Gilead Sciences II Foster City CA 9		Number			
Legislative or State Period. (See instrud None		tions "Actively" Lobbied During the			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 14000.00	\$ 0.00	\$ 0.00 n/a	\$	14000.00	\$ 98000.00
	Address and Telephone Naddress and Telephone Naddress on behalf of Advace	Number d Medical Technology Association			
Sacramento CA	95814				
Period. (See instruc		ervices re:Budget Governor's office re: Bu -			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 2916.66	\$ 0.00	\$ 0.00 n/a	\$	2916.66	\$ 40833.26
	I .	PAGE SUBTOTAL	\$	16916.66	

l	ART II - PAYMI		CONNECTION WITH LOBBYING ACTIVITY (Amoun	nts ma	y be rounded off to v	vhole d	ollars.
		Address and Telephone N	lumber				
		Association of Souther					
Upl	and CA 91785	5					
Pe	riod. (See instruc	tions on reverse.)	tions "Actively" Lobbied During the				
AB	52; AB 2170; A	ICR 74					
	Fees and	Reimbursements of	Advances or Other Payments		Total This Period		Cumulative Fotal to Date
	Retainers	Expenses	(attach explanation)	<u> </u>			
\$	8000.00	\$ 0.00	\$ 0.00	\$	8000.00	\$	32304.20
			n/a				
Fr	mplover's Name	Address and Telephone N	Jumher				
		oundation of Northern (					
	•						
Sar	n Francisco CA	94105					
Lec	gislative or State	Agency Administrative Ac	tions "Actively" Lobbied During the				
Pei	riod. (See instruc	tions on reverse.) SB 220 SB 552 SB 11	04 SB 1304 SB 1305				
	2170 AB 2002	OD 220 OD 332 OD 11	04 OD 1004 OD 1090				
		Daimhumannata af	Advances or Other Develope		Tatal This		Communications
	Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative  Fotal to Date
\$	12000.00	\$ 0.00	\$ 0.00	\$	12000.00	\$	48000.00
			n/a				
		Address and Telephone N	lumber amily TherapyCalifornia Division				
^	encan Associai	ion for Marriage and F	army TherapyCamornia Division				
Sar	nta Barbara CA	v 93160					
ļ	nialativa - Otal	A manager A almost at a tractice A	ations II A satisfactual II salational Develops the				
Pe	riod. (See instruc	tions on reverse.)	tions "Actively" Lobbied During the				
AB	2191; AB 2435						
	Fees and	Reimbursements of	Advances or Other Payments		Total This		Cumulative
	Retainers	Expenses	(attach explanation)		Period		Total to Date
\$	2000.00	\$ 0.00	\$ 0.00	\$	2000.00	\$	2000.00
			n/a				
			PAGE SUBTOTAL	\$	22000.00		

PART II - PAYMEN See Instructions on re		ONNECTION WITH LOBBYING ACTIVITY (Amoun	nts ma	y be rounded off to v	hole dollars.
	ddress and Telephone N	lumber			
Applied Materials	dareds and relephone is				
Santa Clara CA 95	054				
Legislative or State Ag Period. (See instructio AB 510 Governor's (	gency Administrative Actors on reverse.) Office re: cool cars	tions "Actively" Lobbied During the			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 26000.00	\$ 0.00	\$ 0.00 n/a	\$	26000.00	\$ 74000.00
Employer's Name, Ad CSL Behring Minneapolis MN 55	ddress and Telephone N	lumber			
Legislative or State Ας Period. (See instructio AB 971	gency Administrative Actors on reverse.)	tions "Actively" Lobbied During the			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 10000.00	\$ 0.00	\$ 0.00 n/a	\$	10000.00	\$ 70000.00
	ddress and Telephone N ern California Oncolo				
San Rafael CA 949	915				
Legislative or State Aç Period. (See instructio AB 52;AB 2170;ACR	ons on reverse.)	tions "Actively" Lobbied During the			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
	\$ 0.00	\$ 0.00	\$	6000.00	\$ 30000.00
		n/a			
		PAGE SUBTOTAL	\$	42000.00	

NAME OF LOBBYING FIRM: NOTEWARE GOVERNMENT RELATIONS

See Instructions on reverse.)  Employer's Name, Address and Telephone Number People's Care  West Covina CA 91791  Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) None  Fees and Reimbursements of Expenses  Retainers  Retainers  Retainers  Retainers  Retainers  Retainers  Retainers  Retainers	PART II - PAYN	MENTS RECEIVED IN	CONNECTION WITH LOBBYING ACTIVITY (Amour	nts may be rounded off to	whole dollars.
People's Care  West Covina CA 91791  Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)  None  Fees and Reimbursements of Expenses  Advances or Other Payments (attach explanation)  Total This Period  Total This Period  Total to Date  \$ 15000.00  \$ 15000.00			·	·	
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)  None  Fees and Reimbursements of Expenses (attach explanation)  \$ 15000.00 \$ 0.00 \$ 0.00 \$ 15000.00 \$		, Address and Telephone	Number		
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)  None  Fees and Reimbursements of Expenses (attach explanation)  \$\text{Advances or Other Payments} \text{Payments} \text{Total This Period} \text{Total to Date} \text{Total to Date} \text{\$\text{Total to Date}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$}}}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \$\tex					
Retainers         Expenses         (attach explanation)         Period         Total to Date           \$ 15000.00         \$ 0.00         \$ 15000.00         \$ 15000.00	Period. (See instru	e Agency Administrative A	ctions "Actively" Lobbied During the		
n/a	\$ 15000.00	\$ 0.00		\$ 15000.00	\$ 15000.00
			ilva		

PAGE SUBTOTAL \$

15000.00

## **TEXT ANNOTATION**

## PAGE 1

Schedule F625 Reference No: 6633

AB 1524 AB 1783 AB 1938 AB 2035 SB 1111 Dept of Health Care Services re: Budget Health and Human Services Agency re: Budget & -workforce Office of Statewide Health Planning and Development re: workforce